

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-005113

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 28

FILED MAR 7 1963

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY McDONALD	
b. CITY (If outside corporate limits, give TOWNSHIP only) MONETT		Length of stay in 1b 16 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VINCENT'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LOREN CHARLES WESTFALL		4. DATE OF DEATH Month MARCH Day 2 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	
13a. FATHER'S NAME GEORGE W. WESTFALL		13b. MOTHER'S MAIDEN NAME ANNE WALLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. 86	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Encephalitis with Cerebral Thrombosis		14. NAME OF HUSBAND OR WIFE RETHA WESTFALL	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:00 P. Month, Day, Year 3-10-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Rocky Comfort, Mo.	
21. I attended the deceased from 3-10-62 to 3-2-63 and last saw her alive on 3-1-63		22. SIGNATURE (Degree or title) Charles J. Freeman	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-5-63	
23c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cem.		23d. LOCATION (City, town, or county) (State) Rocky Comfort, Missouri	
24. FUNERAL DIRECTOR W. Marie Lope Wheaton		25. DATE RECD. BY LOCAL REG. 3-4-63	
26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook		27. ADDRESS Cassville, Mo.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 **0055**

2 **0600**

3

4 **0**

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9 **082.3**

10

11

12 **2-0**

13 **2-0**

McDONALD

MISSOURI

MAR 11 1963

ROCKY MOUNTAIN

16 Days

BERRY

McMILLAN

ST. VINCENT'S HOSPITAL

1963

McMILLAN

WESTFALL

CHAMBERLAIN

LOREN

25

3/14/1963

1611

1111

U.S.

County No.

McDONALD

certified

Farming

WESTFALL

WALLACE

WALLACE

GEORGE W. WESTFALL

1111

Rocky Mountain

Westfall

498-23-7438

1111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wm Morris Pope

Licensed Embalmer No. *3442*

P. O. Address

Wheaton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, facts should be so stated above.

3-2-63

BURIAL